

**Political Organization  
Report of Contributions and Expenditures**

OMB No. 1545-1696

► See separate instructions.

**A For the period beginning** 06/01/2013 **and ending** 06/30/2013

**B Check applicable box:** ☒ Initial report ☐ Change of address ☐ Amended report ☐ Final report

**1 Name of organization** Progressive Vote NF dba Progressive Democrats of America NF **Employer identification number** 26 - 3201065

**2 Mailing address (P.O. box or number, street, and room or suite number)**  
PO Box 150064

**City or town, state, and ZIP code**  
Grand Rapids, MI 49515

**3 E-mail address of organization:** kimberly@pdamerica.org **4 Date organization was formed:** 08/19/2008

**5a Name of custodian of records** Kimberly Buchan **5b Custodian's address** 3037 Crisfield Dr. NE  
Grand Rapids, MI 49525 -

**6a Name of contact person** Kimberly Buchan **6b Contact person's address** 3037 Crisfield Dr. NE  
Grand Rapids, MI 49525 -

**7 Business address of organization (if different from mailing address shown above). Number, street, and room or suite number**  
PO Box 150064

**City or town, state, and ZIP code**  
Grand Rapids, MI 49515

**8 Type of report (check only one box)**

- ☐ First quarterly report (due by April 15)  
☐ Second quarterly report (due by July 15)  
☐ Third quarterly report (due by October 15)  
☐ Year-end report (due by January 31)  
☐ Mid-year report (Non-election year only-due by July 31)
- ☒ Monthly report for the month of: June (due by the 20th day following the month shown above, except the December report, which is due by January 31)  
☐ Pre-election report (due by the 12th or 15th day before the election)  
(1) Type of election:  
(2) Date of election:  
(3) For the state of:  
☐ Post-general election report (due by the 30th day after general election)  
(1) Date of election:  
(2) For the state of:

**9 Total amount of reported contributions (total from all attached Schedules A)** ..... **9. \$** 16254

**10 Total amount of reported expenditures (total from all attached Schedules B)** ..... **10. \$** 0

Under penalties of perjury, I declare that I have examined this report, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Kimberly Buchan

07/20/2013

**Sign  
Here**



Signature of authorized official



Date

**Schedule A Itemized Contributions**

Schedule A

**Contributor's name, mailing address and ZIP code**

National Nurses United  
8630 Fenton St., Suite 1100  
Silver Spring, MD 20910 -

**Name of contributor's employer**

N/A

**Contributor's occupation**

N/A

**Aggregate contributions year-to-date**

\$ 30000

**Amount of contribution**

\$ 5000

**Date of contribution**

06/11/2013

**Contributor's name, mailing address and ZIP code**

Democrats.com  
PO Box 721066  
Jackson Heights, NY 11372 -

**Name of contributor's employer**

N/A

**Contributor's occupation**

N/A

**Aggregate contributions year-to-date**

\$ 34000

**Amount of contribution**

\$ 5000

**Date of contribution**

06/11/2013

**Contributor's name, mailing address and ZIP code**

Attaboy Productions  
c/o Artists Financial Management 245 Fifth Ave., Suite 1001  
New York, NY 10016 -

**Name of contributor's employer**

N/A

**Contributor's occupation**

N/A

**Aggregate contributions year-to-date**

\$ 5000

**Amount of contribution**

\$ 5000

**Date of contribution**

06/11/2013

**Contributor's name, mailing address and ZIP code**

Maxx, Inc.  
18751 Ventura Blvd.  
Tarzana, CA 91356 -

**Name of contributor's employer**

N/A

**Contributor's occupation**

N/A

**Aggregate contributions year-to-date**

\$ 250

**Amount of contribution**

\$ 250

**Date of contribution**

06/11/2013

**Contributor's name, mailing address and ZIP code**

Local Union 357 PAC  
808 N. Lamb Blvd.  
Las Vegas, NV 89110 -

**Name of contributor's employer**

N/A

**Contributor's occupation**

N/A

**Aggregate contributions year-to-date**

\$ 1004

**Amount of contribution**

\$ 1004

**Date of contribution**

06/11/2013

<b>Schedule B</b>	<b>Itemized Expenditures</b>	Schedule B
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